

10/522294

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. APPLICANT(S) | FILING DATE | | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|-----------------|------|------------------------|------|------------------------|------|---|
| CLAIMS | | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY